

**RECEIVED  
CENTRAL FAX CENTER**

OCT 31 2007

**CERTIFICATE OF FAX TRANSMISSION**Transmission Date: **31 October 2007** Docket: **1009-040**Transmission #: **1** of Total Transmissions: **1**Pages in this Transmission: **30** of Total Pages Transmitted: **30**

I hereby certify that the following correspondence is being facsimile transmitted, via one or more transmissions as described above, to the attention of the Director of the US Patent and Trademark Office on the above date via the following facsimile number: 571-273-8300.

Request For Continued Examination (RCE) Transmittal (PTO/SB/30) (1 sheet)

Amendment Under 37 C.F.R. 1.312 (18 sheets)

Declaration Under 37 C.F.R. § 1.132 (8 sheets)

Fee Transmittal Form (PTO/SB/17) (1 sheet)

Credit Card Payment Form (PTO-2038) (1 sheet)

Application Number 10/666,227  
Confirmation No.: 8462  
Filing Date: 18 September 2003  
Document Submission Date: 31 October 2007

Art Unit: 2178  
Examiner: Termanini, Samir  
Inventor: Poerner, Colleen  
Docket: 2002P15657US01 (1009-040)

31 Oct 2007

Date

Kelly B. Smoker

Name of Certifier

*Kelly B. Smoker*

Signature of Certifier

PTO/SB/17 (12-04)

Approved for use through 07/31/2008, OMB 0851-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

(Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.)

RECEIVED  
CENTRAL FAX CENTER

OCT 31 2007

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2005****Complete if Known**

Application Number	10/686,227
Filing Date	18 September 2003
First Named Inventor	Poerner, Colleen
Examiner Name	Termanini, Samir
Arl Unit	2178
Attorney Docket No.	2002P15657US01 (1008-040)

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

810.00

**METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 50-2504 Deposit Account Name: Michael N. Haynes

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2088.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	0	50	0			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	0	210	0			
HP = highest number of independent claims paid for, if greater than 3						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =		0	250	0
(round up to a whole number) x				

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Request for Continued Examination (RCE)

Fees Paid (\$)
0
810

**SUBMITTED BY**

Signature

Michael N. Haynes

Registration No.  
(Attorney/Agent) 40,014

Telephone 434-972-9888

Name (Print/Type)

Michael N. Haynes

Date 31 Oct 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9198 and select option 2.